

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number _____ Filing Date _____	
							Applicant(s) Gregory P. Frankiewicz	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51	6
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9		1					59	
10		1					60	
11		1					61	
12		1					62	
13		6					63	
14		6					64	
15		6					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22		1					72	
23		6					73	
24		6					74	
25		6					75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32		1					82	
33		1					83	
34		1					84	
35		1					85	
36	1						86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41		3					91	
42		1					92	
43		1					93	
44		1					94	
45		1					95	
46		1					96	
47		1					97	
48		1					98	
49		6					99	
50		6					100	
Total Indep	2						Total Indep	
Total Depend	96						Total Depend	
Total Claims	98						Total Claims	

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		6
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13		6					63		
14		6					64		
15		6					65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23		6					73		
24		6					74		
25		6					75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49		6					99		
50		6					100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	96						TOTAL DEP.		
TOTAL CLAIMS	98						TOTAL CLAIMS		